

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 10-325)						SERIAL NO. 10-0449, 332	APPLICANT	
						CLAIMS		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	IND.	IND.
1						61		
2						62		
3						63		
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								